NOTICE OF FEE DUE

DATE:	040403	·	
TO:	RCE		
FROM:	Office of Initial Patent Exa	mination	
SUBJECT	: Fee Due		;
APPLICA [*]	TION NUMBER:	9 025 84	24
Office for authorization	e for the attached document the following reason. Please on to charge a deposit accourappropriate fee. If an authoraciency.	check the applicant. If an authoriza	tion for the appropriate tion is present, please
□ Insuffic	cient fee by check		
□ Insuffic	cient funds in deposit accoun	t	
□ Decline	ed credit card		•
△ Non au	thorization for charge to depo	osit account	<i>?</i>
□ No fee	submitted per requirement		
The correc	t fee code:	amount	\$ 375
The susper	nded fee code: 197 /999	amount	-\$ 370
Fee Due	(,	amount	=\$
•	any questions, please contac rtz at 703-308-3642.	t Cynthia Streater	at 703-306-5430 or
Terminal O	perator		

Application or Docket Number PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2000 **CLAIMS AS FILED - PART I SMALL ENTITY OTHER THAN** (Column 1) (Column 2) TYPE [OR **SMALL ENTITY TOTAL CLAIMS** RATE SFEE & RATE FEE **FOR** NUMBER FILED NUMBER EXTRA **BASIC FEE** 355.00 BASIC FEE 710.00 OR TOTAL CHARGEABLE CLAIMS minus 20= X\$ 9= X\$18= OR INDEPENDENT CLAIMS minus 3 = X40 =X80= OR MULTIPLE DEPENDENT CLAIM PRESENT +135= +270= OR 5000 If the difference in column 1 is less than zero, enter "0" in column 2 TOTAL **OR**TOTAL CLAIMS AS AMENDED - PART II OTHER THAN (Column 1) (Column 2) SMALL ENTITY OR SMALL ENTITY (Column 3) CLAIMS **HIGHEST** ADDI-REMAINING NUMBER *ADDI-PRESENT **AMENDMENT** AFTER : **PREVIOUSLY** RATE TIONAL RATE TIONAL **EXTRA** AMENDMENT PAID FOR FEE 1 P.W FEE Total k Kale Minus X\$ 9= X\$18= OR right, Independent Minus X40 =X80= FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM OR +135= +270= OR TOTAL ADDIT, FEE ADDIT. FEE (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST REMAINING ADDI-(中海) NUMBER ADDI-**PRESENT AMENDMENT** AFTER **PREVIOUSLY** RATE TIONAL TIONAL **EXTRA** RATE **AMENDMENT** PAID FOR FEE **FEE** Total Minus X\$ 9= X\$18= OR Independent Minus X40 =X80 =FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM OR Sec. and the second s +135= +270= OR TOTAL 3数1.3级模点 14. 14. The sprange that you are ADDIT, FEE ADDIT. FEE (Column 1) (Column 2) (Column 3) **CLAIMS** HIGHEST REMAINING NUMBER ADDI-ADDI-**PRESENT** IENT **AFTER PREVIOUSLY EXTRA** RATE TIONAL RATE TIONAL AMENDMENT PAID FOR FEE FEE AMENDM Total Minus X\$ 9= X\$18= OR Independent Minus = X40 =FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM X80= OR +135= +270= OR * If the entry in column 1 is less than the entry in column 2, write *0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." TOTAL TOTAL ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ADDIT, FEE ADDIT, FEE The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

FORM PTO-875

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 1997

Application or Docket Number

9,025896

CLAIMS AS FILED - PART I (Column 1) (Column 2)					SMALL TYPE	OTHER THAN OR SMALL ENTITY				
FOR	1	NUMBER FILED NUMBER EXTRA		RATE	FEE		RATE	FEE		
BASIC FEE				395.00	OR		790.00			
TOTAL CLAIMS / minus 20 = *				x\$11=		OR	x\$22=			
INDEPENDENT CLAIMS / minus 3 = *					x41=	•	OR	x82=		
MULTIPLE DEPENDENT CLAIM PRESENT					+135=		OR	+270=		
* If the difference in column 1 is less than zero, enter "0" in column 2					TOTAL	39510	OR	TOTAL		
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)					SWALL	ENTITY	OR	OTHER THAN SMALL ENTITY		
AMENDMENT A		. CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
MOP	Total	*	Minus	**	=	x\$11=		OR	x\$22=	
ME	Independent	*	Minus	***	=	x41=		OR	x82=	
S	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					+135=		OR	+270=	
(Column 1) (Column 2) (Column 3)						TOTAL ADDIT. FEE		OR ,	TOTAL ADDIT. FEE	
B LNI		CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
ENDMENT	Total	*	Minus	**	=	x\$11=		OR	x\$22=	
AMER	Independent	*	Minus	***	=	x41=		OR	x82=	
•	FIRST PRE	SENTATION OF	MULTIPLE	DEPENDENT CI	_AIM	+135=		OR	+270=	
(Column 1) (Column 2) (Column 3)					TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE		
ENTC		CLAIMS REMAINING AFTER AMENDMENT		· HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
MOR	Total	*	Minus	**	=	x\$11=		OR	x\$22=	
AMENDMENT	Independent	*	Minus	***	=	x41=		OR	x82=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					+135=		OR	+270=		
"If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.										